

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 21 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PC3000110553

1. Corporation Name

NATURAL INTERNATIONAL
CONNECTIONS INC.

2. Principal Office Address

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

4-459

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

20533 BISCAYNE BLVD

Suite, Apt. #, etc.

4-459

City & State

AVENTURA, FL

Zip

33180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/08/2003

5. FEI Number

20-0450148

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MARTHA TARABOTTO

Street Address (P.O. Box Number is Not Acceptable)

20533 BISCAYNE BLVD

Suite, Apt. #, Etc.

4-459

City

AVENTURA

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Martha Tarabotto
REGISTERED AGENT MUST SIGN

Date

08/17/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	MARTHA TARABOTTO	20533 BISCAYNE BLVD 4-459	AVENTURA FL 33180
		<u>08/22</u>	
			500079049365 08/23/06--01028--004 **308.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Martha Tarabotto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/17/2006

Daytime Phone #

(786) 728-0385